## COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W. Director

ROBIN KAY, Ph.D. Chief Deputy Director

RODERICK SHANER, M.D. Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020



BOARD OF SUPERVISORS GLORIA MOLINA MARK RIDLEY-THOMAS ZEV YAROSLAVSKY DON KNARE MICHAEL D. ANTONOVICH

# DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601 (213) 386-1297

August 14, 2009

TO:

**Each Supervisor** 

FROM:

Robin Kay for Marvin J. Southard, D.S.W.

Director of Mental Health

SUBJECT:

TERMINATION OF COMMUNITY CARE RESIDENTIAL FACILITY

AGREEMENT WITH TRUHLAR-JONES ENTERPRISES, INC., dba

**OLIVIA ISABEL MANOR** 

This memo is to advise your Board of the termination of the Community Care Residential Facility Agreement with Truhlar-Jones Enterprises, Inc., dba Olivia Isabel Manor, Agreement Number MH160110, effective July 28, 2009. This agreement was terminated as per Countywide Resource Management's request, dated July 29, 2009.

Board approval for this Community Care Residential Facility was given June 2, 2006, Agenda Item No. 51.

If you have any questions or concerns regarding this termination, please contact me, or your staff may contact Richard Kushi, Contracts Development and Administration Division, at (213) 738-4684.

MJS:RK:jg

### Attachments

Executive Officer, Board of Supervisors C: Chief Executive Officer County Counsel Robin Kay, Ph.D. Mary Marx Richard Kushi Mike Motodani Jaime E. Gonzalez

# CONTRACTS DEVELOPMENT AND ADMINISTRATION DIVISION

#9
7

C. Chron Joo Yoon

RINIA	SERVICE REQUEST FORM June 1		
То:	Richard Kushi, Acting Chief	Date: 7/29/09	Winds of the A
	Approved by: Deputy Director	Approved by) Office of the Finance D	Pirector
Date:	Love Belig pur mi	Date: Signature,	59
Lead Manager:	Mary Marx, LCSW	X No Budget Impact	
Tel. Number:	(323) 226-4744	B.A. Required	
Contac	t Person: Joo Yoon/Katy McGuire	Tel No.: (323) 226-4448	
New	Contract Amendment	RFP RFI	
X OTH	ER: Terminate Contract Truhlar-Jones Enterprises, Inc	dha Olivia Isahal	
I. Provider Na	<del>-</del>	II. Number:	DMH-160110
III. DESCRIPTION OF PROJECT (Please attach necessary supporting documents which may include appropriate Negotiation Package information.)			
Terminate Com request dated a		F) agreement with Smiley's Guest Home pe	
		CHIEF,	CDAD
IV. FUNDING	SOURCES (Please attach necessary su	upporting documents, e. g. MH 403.) (Usin	g the most
current Financi	al Summary, identify the revised areas.	)	
No budget impo		m Fund Program will manage to stay withir	the fiscal
	GELVE,		
And State of	JUL 3 1 2009 Cor	ntract Administrator: Jaime E. Gonzalez	- Ovol
NOTE: PFÅR\$ do	not require Finance approval, however, Program	n approval is required. (213) 738-4352	Till of 1

CDAD LO9#09100047



# Olivia Isabel Manor Adult Residential Facility

July 28, 2009

Mr. Joo Yoon

FAX: (323) 223 8380

Subject: Interim Funding Program

Dear Mr. Yoon,

Please withdraw Olivia Isabel Manor from the Interim Funding contract.

If in the future we choose to re-enter into a contract with the County of Los Angeles I hope you will consider allowing us to do so.

Very Truly Yours

Olivia Marie Truhlar, RN, Executive Director